

CLAIMANT'S NAME

## POSITION

RESIDENCE ADDRESS

CITY

STATE

ZIP

CITY

STATE

ZIP

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)		NORMAL WORK HOURS	
travel to and from meetings for the month of November		PRIVATE VEHICLE LICENSE NUMBER	
		MILEAGE RATE CLAIMED	
		0.445	
I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.		AGENCY ACCOUNTING OFFICE	
		USE ONLY	
		PAID BY REVOLVING FUND CHECK NUMBER	
		240815	
CLAIMANT'S SIGNATURE	DATE	SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
			12-11-09
SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES			DATE
			12/21/09